



MASTER LICENSE SERVICE
DEPARTMENT OF LICENSING
PO BOX 9048
OLYMPIA WA 98507-9048
Telephone: (360) 664-1400

UBI

OWNER
NAME

Agriculture Addendum

This supplemental form may only be submitted as an attachment to the Master Business Application.

Business name _____

A. COMPLETE THIS SECTION FOR EGG DEALER.

1. Indicate your business activities. Check all that apply.

☐ Egg Producer/Packer

☐ Shell Egg Processor

☐ Egg Distributor

☐ Wholesaler

B. COMPLETE THIS SECTION FOR REFRIGERATED LOCKER.

1. Date this facility will be ready for inspection / /

2. Indicate the type of facilities at this location:

☐ Chill Room

☐ Sharp Freeze Room

☐ Meat Cutting Room

☐ Recording Thermometers

3. Number of lockers /

C. COMPLETE THIS SECTION FOR PESTICIDE DEALER

1. Name of designated dealer-manager for this location _____

License qualification number _____

2. If out of state firm, complete below:

Legal agent name _____

Legal agent address _____

D. COMPLETE THIS SECTION FOR NURSERY RETAILER/WHOLESALE.

1. Indicate which one of the following describes your **primary** business activity:

☐ Nursery Dealer

☐ Greenhouse

☐ Landscaper

☐ Florist

2. Are you propagating plant material?..... ☐ Yes ☐ No

3. Do you ship plant materials out of Washington? ☐ Yes ☐ No

